

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-007599

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 200 Primary Registration District No. 3041 Registrar's No. 27

STATE FILE NUMBER

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Macon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Shelby</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Macon</u>		c. CITY OR TOWN <u>Clarence</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Samaritan Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>Clarence, Mo.</u>	
3. NAME OF DECEASED (Type or print) First <u>James</u> Middle <u>Clifton</u> Last <u>Maupin</u>		4. DATE OF DEATH Month <u>Feb.</u> Day <u>12</u> Year <u>1963</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>5/12/1884</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Business man</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>General Store Monroe County</u>	
13a. FATHER'S NAME <u>Nathaniel Maupin</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Hawkins</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>331</u>	
18. CAUSE OF DEATH (Enter only one cause; PART I. DEATH WAS CAUSED BY) IMMEDIATE CAUSE (a) <u>Myocardial insufficiency</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <u>Hypertensive cardiovascular disease</u> <u>years</u>	
		DUE TO (c) <u>Arteriosclerosis</u> <u>years.</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>8 A</u> Month, Day, Year <u>Feb 12, 1963</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>Clarence, Mo.</u>	
21. I attended the deceased from <u>Jan 23, 1961</u> to <u>Feb 12, 1963</u> and last saw him alive on <u>Feb 12, 1963</u>		22. SIGNATURE (Degree or title) <u>Alan R. Hull, D.O.</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Feb 14, 1963</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Clarence Mausoleum</u>		23d. LOCATION (City, town, or county) <u>Clarence, Mo.</u>	
24. FUNERAL DIRECTOR <u>Greening Clarence, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>2/25/63</u>	
26. REGISTRAR'S SIGNATURE <u>Ruth M. Neely</u>		22c. DATE SIGNED <u>2-16-63</u>	

(Licensed Embalmer's Statement on Reverse Side)

NOV 6 1963

MAR 5 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Charles V. Kneeney

Licensed Embalmer No.

4625

P. O. Address

Lawrence M. M.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.